

Name In Full

Certificate of Death

Town Newton County Caroline MARYLAND

Died at

Date 19 06 Jan 20 Age 21 Native of md Occupation none

Male White ~~Muslim~~ Widow ~~Divorced~~

Female Calend ~~Single~~ Widower Number of children living

Husband  
of  
Wife

Father's Name Frank Baker Mother's Maiden Name Miss Bullock

Cause of Death { Primary In action Immediate 151 How long sick Three weeks Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Cade

## CERTIFICATE OF DEATH

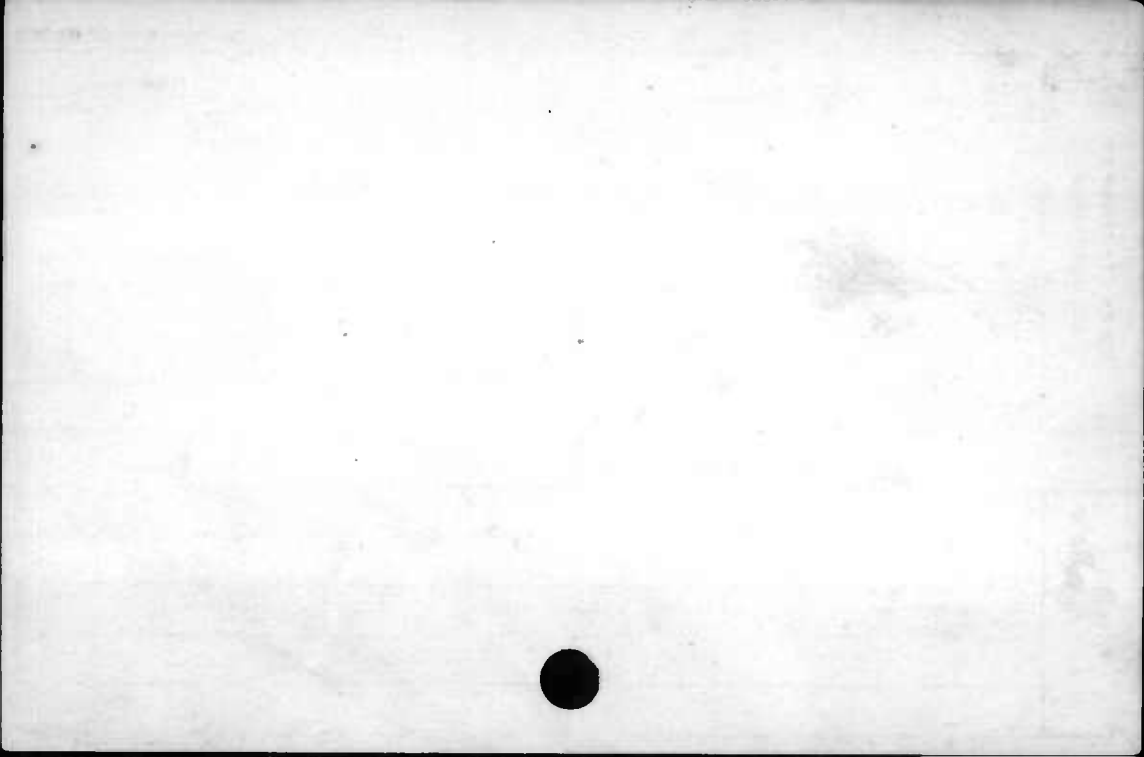
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>W. Luckalwe</i>			Town <i>Caroline</i>		County		MARYLAND		
Date of death <i>1906</i>		Month <i>January</i>	Day <i>4</i>	Age <i>3</i>		Years <i>7</i>		Months	Days
Sex <i>Male</i>			Color or Race <i>White</i>			Birth-place <i>Ind</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>						
Father's Name <i>Nathan Cade.</i>			Father's Birthplace <i>Del</i>						
Mother's Maiden Name <i>Mary Richardson</i>			Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>Nathan Cade</i>			How related to deceased <i>Father</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>8 days</i>
Immediate <i>Dyspnoea</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. F. Miller</i>
	Address <i>1512 Shaw Ind.</i>
Accident or Suicide?	



Name  
in  
Full

Robert Dickinson

## CERTIFICATE OF DEATH

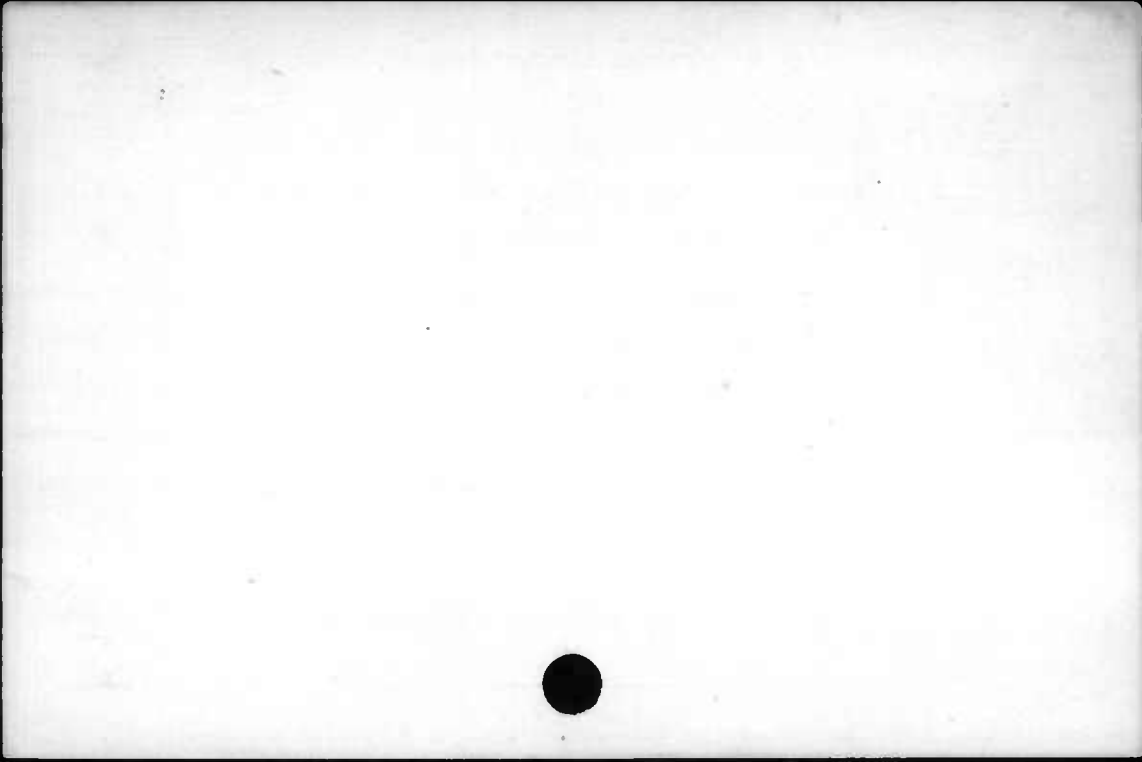
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Preston		County Caroline		MARYLAND	
Date of death	1906	Month January	Day 9	Age	80	Months 3	Days 3
Sex	male		Color or Race	Caloned		Birthplace	Maryland
Occupation	Laborer			Where Residing if not at place of death		Preston Md	
Married, Single or Widowed	Widower		Name of Wife or Husband		-		
Father's Name	Dont know					Father's Birthplace	-
Mother's Maiden Name	Dont know					Mother's Birthplace	-
Name of person giving information	John H Johns					How related to deceased	None

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Infermal of age		How long	18 mos
Immediate	-		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J L Noble M.D.
			Address	Preston Md
Accident or Suicide?	-			



Name  
in  
Full

## CERTIFICATE OF DEATH

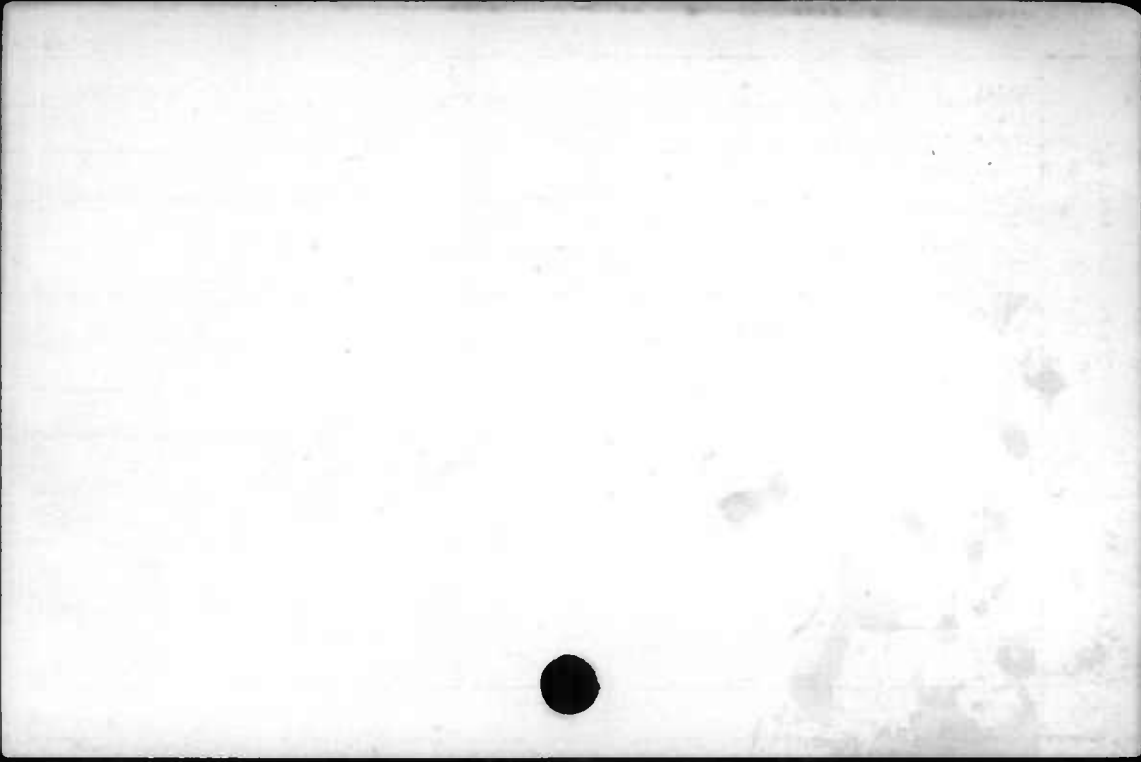
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Denton</i> Town			<i>Caroline</i> County			MARYLAND	
Date of death <i>1906</i>		Month <i>1</i>	Day <i>5</i>	Age <i>78</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>			Birth-place		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband					
Father's Name <i>Rev. William Harris</i>		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Fracture of Femur</i>	<i>164</i>	How long
Immediate	<i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Nichols M.D.</i>	
		Address <i>Denton Md</i>	
Accident or Suicide? <i>—</i>		<input checked="" type="checkbox"/>	





Name in Full		E. James Hubbard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Near Boston		County Pamunee		MARYLAND	
	Date of death	1906	Month Jan	Day 7	Age 69	Months	Days
	Sex	male		Color or Race	colored		
	Occupation	farmer		Birth-place	Maryland		
	Married, <del>Single</del> or Widowed	Name of Wife or Husband		Emley Hubbard			
	Father's Name	Peter Hubbard				Father's Birthplace	Maryland
	Mother's Maiden Name	Mahala				Mother's Birthplace	Maryland
Name of person giving information	Harrison Hubbard				How related to deceased	son-in-law	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Brights Disease				How long	1 year
	Immediate	Dropsy				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	J. L. Shobles	
					Address	Boston Md.	
	Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *J. M. H. Kinning*

Died at *Federalburg* Town *Caroline* County

State *MARYLAND*

Date of death *1906* Month *Jan* Day *16* Age *73* Years Months Days

Sex *male* Color or Race *white* Birth-place *New York*

Occupation *Pensioner* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *D. C. Kinning* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Catarrhal Pneumonia* How long *10 days*

Immediate *92* How long

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *R. Kemp Jefferson*

Address

Accident or Suicide?



Name  
in  
Full

Lucy Lee

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Denham</i>		County <i>Caroline</i>		MARYLAND	
Date of death		1906	Month <i>Jan</i>	Day <i>-</i>	Age	Years <i>Stillborn</i>	Months <i>-</i> Days <i>-</i>
Sex	<i>Female</i>		Color or Race	<i>Mulatto</i>		Birth-place	<i>Mayland</i>
Occupation	<i>Servant</i>			Where Residing if not at place of death		<i>Mayland</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>Had none</i>			
Father's Name	<i>Joseph L. Lushett</i>				Father's Birthplace	<i>Delaware</i>	
Mother's Maiden Name	<i>Lydney</i>				Mother's Birthplace	<i>Mayland</i>	
Name of person giving information	<i>Mrs. Wm. L. Lounsbury</i>				How related to deceased	<i>None</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Stillborn</i>	How long	<i>-</i>
Immediate	<i>"</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Enoch Perry, M.D.</i>
		Address	<i>Denham Corbin Co</i>
Accident or Suicide?			<i>Not</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

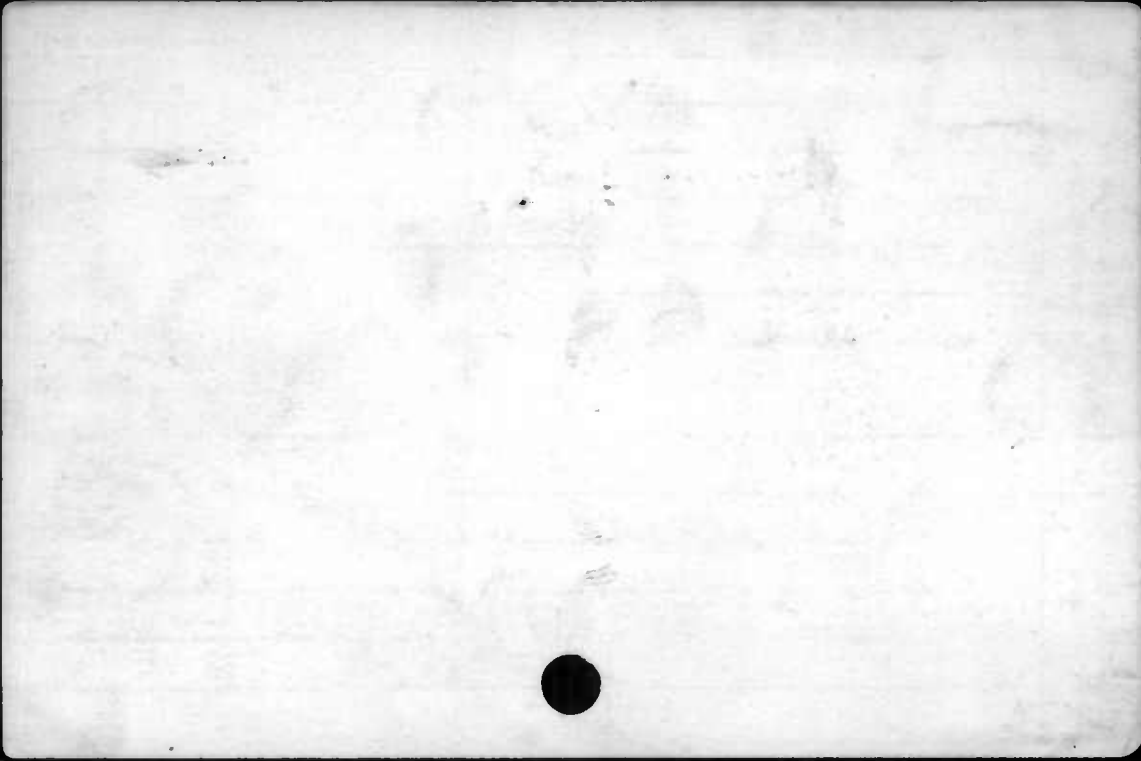
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Thomas F. Morgan</i>		Town <i>Hurlock</i>		County <i>Caroline</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>Jan</i>		Day <i>24</i>	
Age <i>3-1</i>		Years <i>3-1</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Ind</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Fannie M. Clarke.</i>					
Father's Name <i>Chas H. Morgan</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Elizabeth O. Morgan</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving Information <i>Fannie Morgan</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption Tuberculosis</i>		How long <i>4 years</i>	
Immediate <i>Same</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>[Signature]</i>	
		Address <i>Hurlock</i>	
Accident or Suicide? <i>No</i>		<i>Ind</i>	





Name  
in  
Full

Charles H. Perry

CERTIFICATE OF DEATH

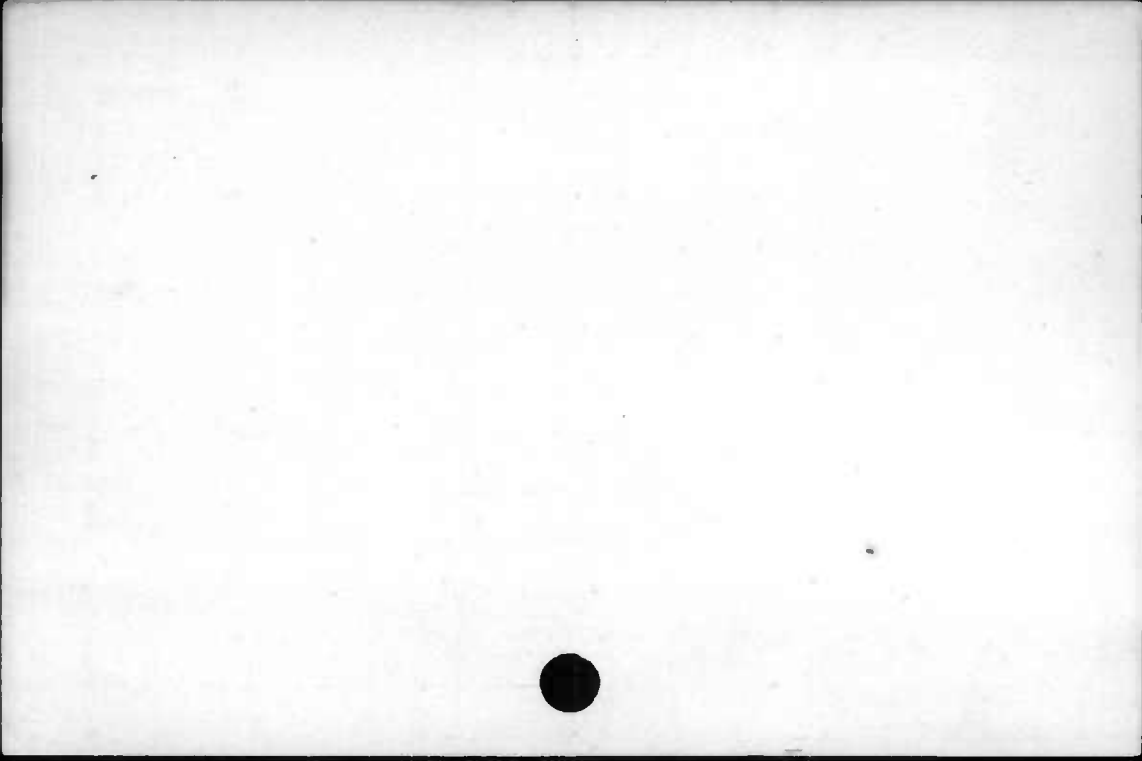
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Preston</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>Jan</i> <sup>Month</sup>	<i>31</i> <sup>Day</sup>	<i>26</i> <sup>Years</sup>	<i>5</i> <sup>Months</sup>	<i>13</i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Ferrum</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>William Edward Perry</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Wilhelmina Davis</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>L. Nathaniel Blades</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption. Pulmonary</i>	How long <i>Six months</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Noble</i>
	Address <i>Preston Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

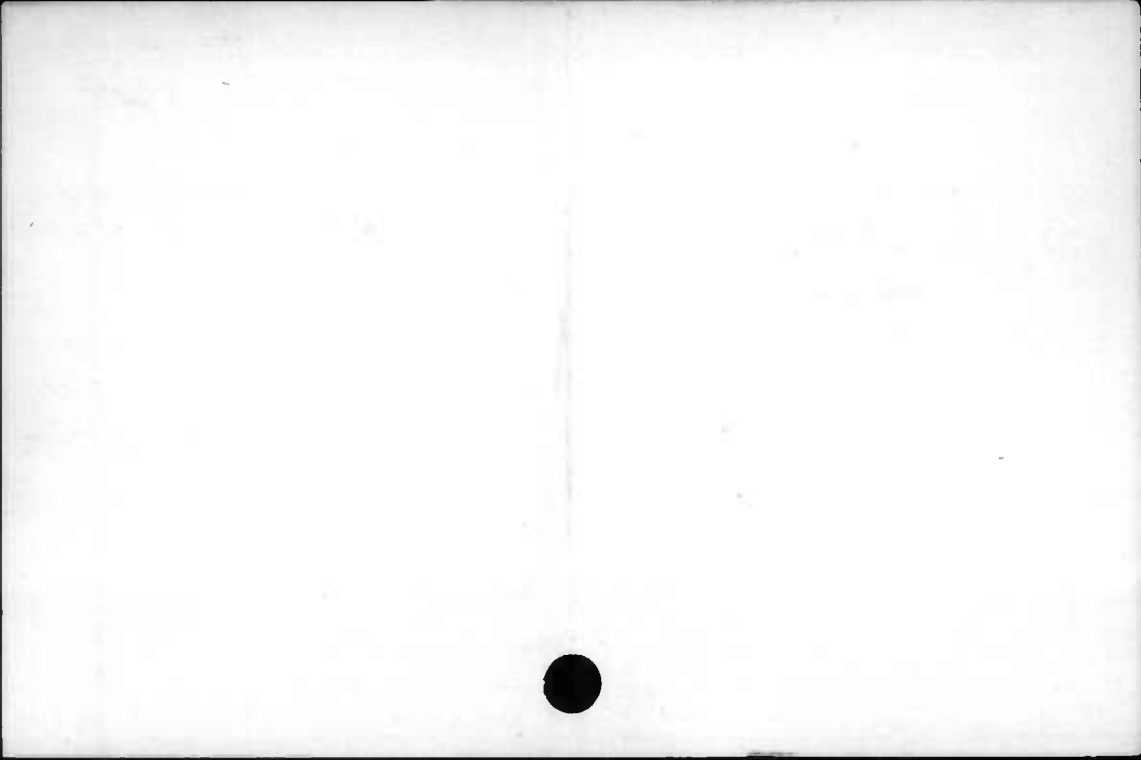
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Annie M Porter</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Smithville</i>		Town <i>Smithville</i>			
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>94</i>	Age <i>70</i>	Years	Months
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Del</i>		
Occupation <i>housekeeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Thomas Porter</i>			How related to deceased <i>Son</i>		

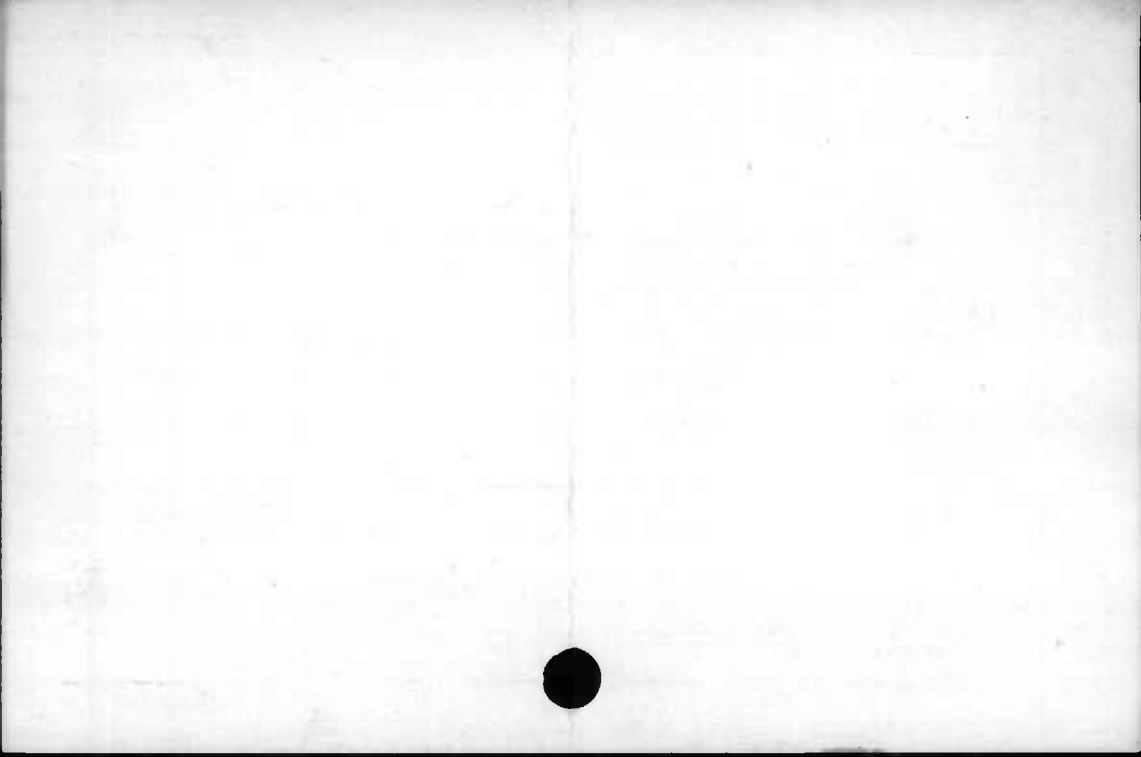
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pleurisy</i>	How long <i>ten days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R Kemp Jefferson</i>
	Address <i>Federalburg md</i>
Accident or Suicide?	



Name in Full <i>Myrtle Slow</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Ridgely</i> <small>Town</small>		<i>Caroline</i> <small>County</small>
	MARYLAND		
	Date of death <i>1906</i>	<i>Jan</i> <small>Month</small>	<i>3</i> <small>Day</small>
	Age <i>18</i> <small>Years</small>		<i>11</i> <small>Months</small>
			<i>27</i> <small>Days</small>
	Sex <i>Female</i>	Color or Race <i>Negro</i>	Birthplace <i>Caroline Co</i>
	Occupation _____		Where Residing if not at place of death _____
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____	
Father's Name <i>John Slow</i>		Father's Birthplace <i>Talbot Co</i>	
Mother's Maiden Name <i>Anne Pritchett</i>		Mother's Birthplace <i>Caroline Co</i>	
Name of person giving information <i>Medford Pritchett</i>		How related to deceased <i>Grandfather</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>General Tuberculosis</i>	<i>34</i> <small>How long</small>	
	Immediate _____	<i>34</i> <small>How long</small>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. F. Smith M.D.</i>	
		Address <i>Ceyster ville Md.</i>	
	Accident or Suicide? _____		



Name  
in  
Full

Samuel M. Steffy

## CERTIFICATE OF DEATH

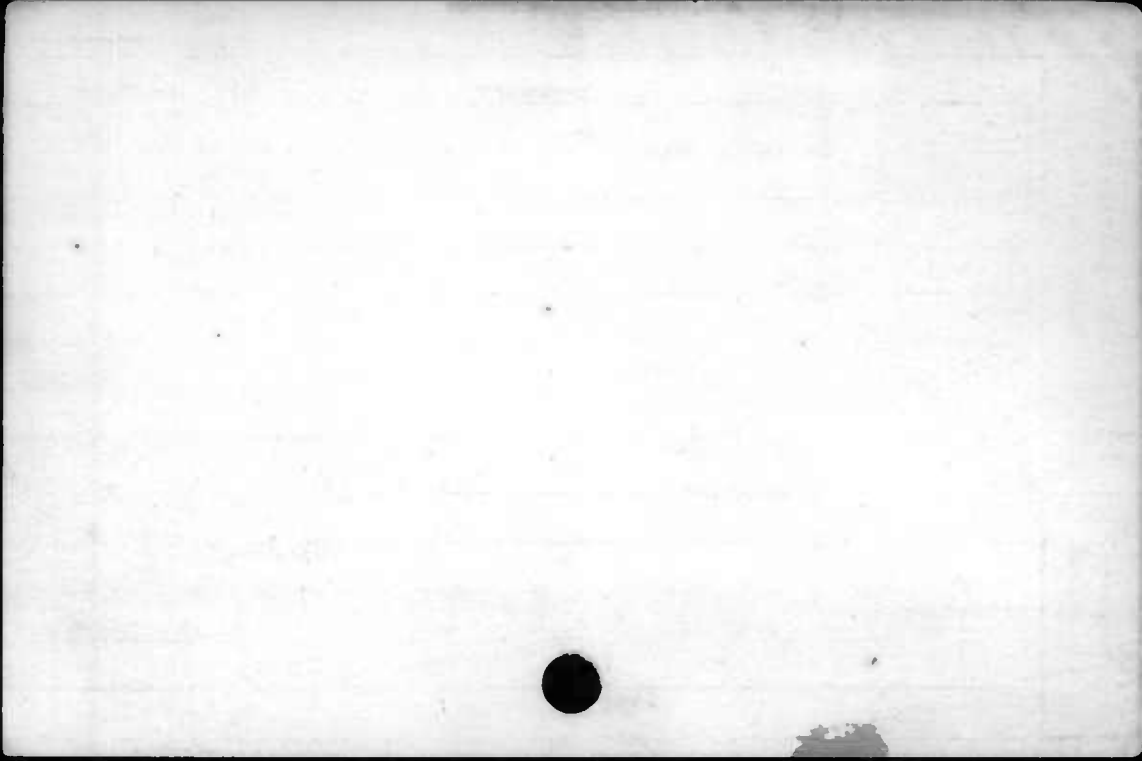
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Tuckahoe</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906 Jan,</i> <sup>Month</sup>	<i>9th</i> <sup>Day</sup>	Age <i>26</i> <sup>Years</sup>	Months	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Engineer</i>	Where Residing if not at place of death <i>Ohio</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>William Steffy</i>	Father's Birthplace <i>Ohio</i>				
Mother's Maiden Name <i>Markley</i>	Mother's Birthplace <i>Ohio</i>				
Name of person giving information <i>D. F. King</i>	How related to deceased <i>none</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Probably Tuberculosis</i>	How long <i>one month</i>
Immediate <i>Hemorrhage of Lungs</i>	How long <i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F. Miller</i>
	Address <i>Hillsboro Ind.</i>
Accident or Suicide?	





*Lena Price*  
 Town County

Died at *Two Johns* *Caroline* MARYLAND

Date 1906 *Jan 6* Month Day Y. M. D. *mw* Native of Occupation  
 Male *White* Married *Widow* Divorced  
 Female *Colored* Single *Widower* Number of children living

Husband of  
 Wife

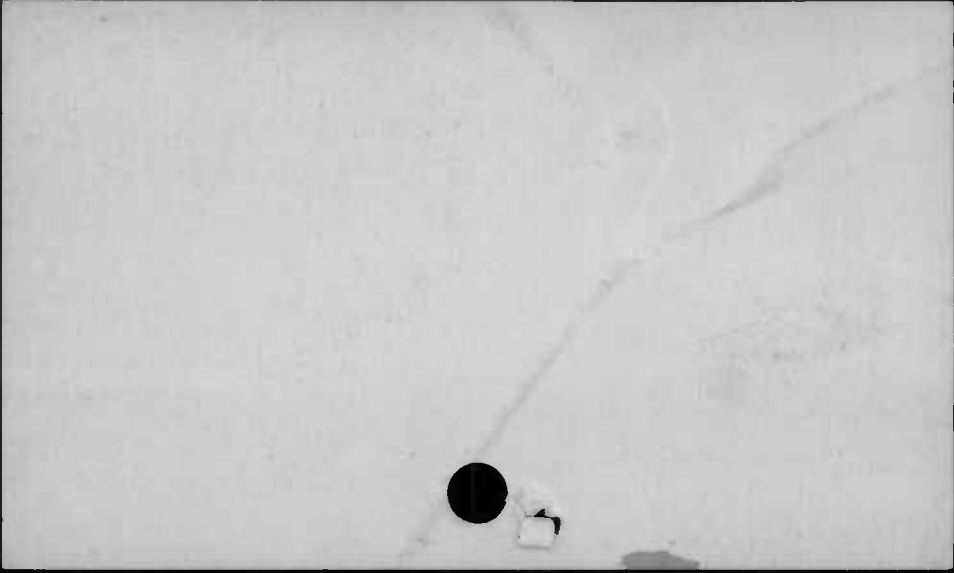
Father's Name *George Price* Mother's Name *Rose Williamson*

Cause of Death { Primary *Diphtheria* Immediate *Toxin poisoning* How long sick *12 days*  
 Accident, Suicide, Homicide

Reported by *John Gustadway, m, N.*

Address *Fairing Creek, Md. V*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Anna Louise Wayman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Denton<sup>County</sup> CarolineDate  
of death 1906

Month 1

Day 18

Age

Years —

Months 5

Days 18

Sex Female

Color or  
Race

Colored

Birth-  
place

Denton

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

William H. Ross

Father's  
Birthplace

Denton

Mother's  
Maiden Name

Eliza A. Wayman

Mother's  
Birthplace

Maryland

Name of person giving  
In formation

" " "

How related  
to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

Marasmus

How long

Since birth

Are the name, age, sex, color, date  
and place correctly given above?

yes.

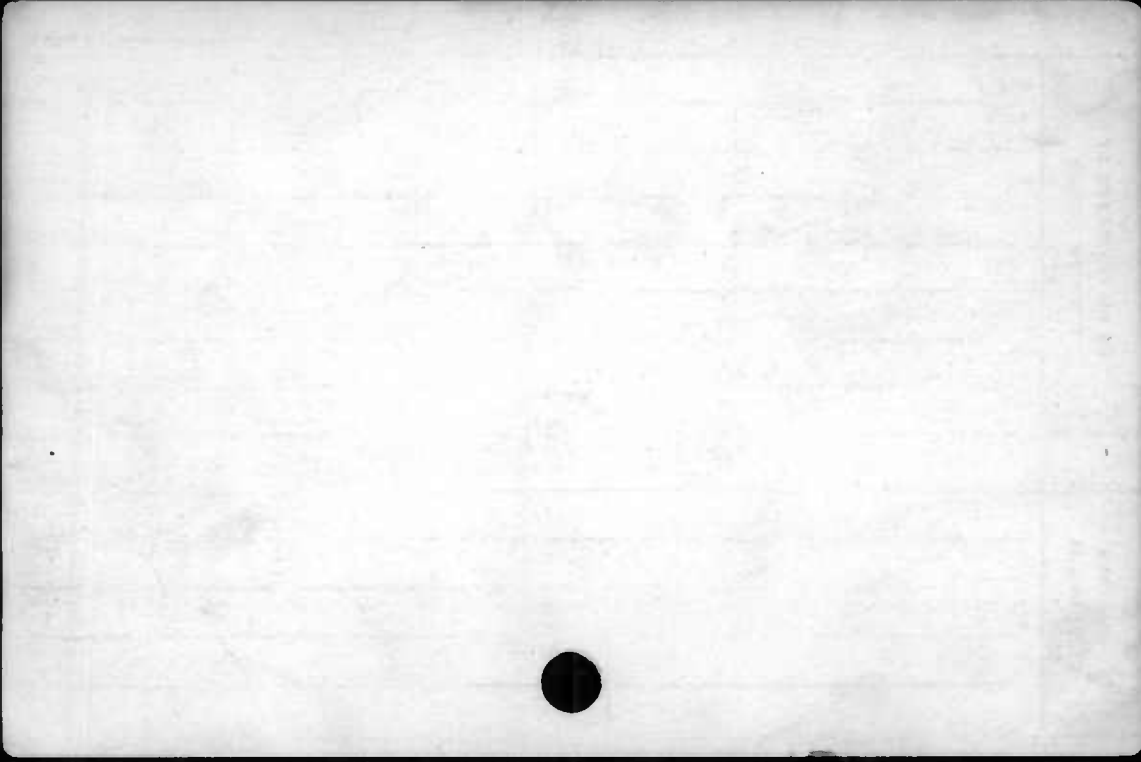
Signature of  
Physician

G. W. Summitt.

Address

Denton.

Accident or Suicide?



Name  
in  
Full

Francis H. Webb

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Bethel</i>		Town <i>Bethel</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>7</i>	Age <i>58</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Priscilla Webb</i>					
Father's Name <i>Harmon Webb</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Sophia Hughes</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>William H. Stayton</i>		How related to deceased <i>son-in-law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dementia</i>	How long <i>5 weeks</i>
Immediate <i>Typhoid Fever</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. L. Webb</i>
	Address <i>Preston Md.</i>
Accident or Suicide?	

